NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 15,2003

RE: MDR Tracking #: M2-03-0628-01
IRO Certificate #: 5242

___has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a psychiatrist reviewer who is board certified in psychiatry. The psychiatrist reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History
The claimant reportedly injured his back on ___. He apparently fell approximately 8 feet and landed on his back. Subsequent to this he has had persistent back pain. This has been treated with various modalities including injections, physical therapy, chiropractic care, biofeedback and medications. The back pain was not felt to be amenable to surgery and has persisted and been minimally responsive to any interventions whatsoever. In October he was referred for biofeedback and individual therapy sessions 2 times per week for 6 weeks which he completed. He was also started on Lexapro during this time period for his mood and anxiety.

Requested Service(s)
Thirty (30) sessions of an outpatient chronic pain management program (97799).

Decision
I concur with the insurance company that the outpatient chronic pain management program is not medically necessary at this juncture.

Rationale/Basis for Decision
The claimant has had extensive treatments for pain management and psychological treatment including biofeedback twice weekly, individual sessions and antidepressant medications. He has also had intensive physical therapy. These elements comprise a majority of what a chronic pain management program would entail and he has been minimally responsive to these interventions, therefore I do not think it is reasonable or necessary at this juncture to intensify what have been unsuccessful interventions to date.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requester, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of July 2003.